

## Learn To Hunt (LTH) Programs Reimbursement Request

Form 2300-319 (R 2/15)

**Notice:** Use this form to request reimbursement for Learn to Hunt Programs. Personally identifiable information collected will be used for program administration and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

### Requester Information

Host Organization Name

Address	City	State	ZIP Code
Contact Name	Telephone Number		
Email Address <i>(not required)</i>			

### LTH Event Information

Date of Event	Location of Event		
	Number of Participants		
		X	\$25
	Total Reimbursement Requested		

On behalf of the LTH event host, I am requesting reimbursement for the LTH event listed above. I understand this reimbursement is on a first come first served basis and contingent on the availability of limited funding set aside for this purpose. Payment will be made to the person/organization identified on the attached W-9 "Taxpayer Identification Number (TIN) Verification."

Signature	Date Signed
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Send this form and supporting documents to:

Learn to Hunt - LE/8  
 Wisconsin DNR  
 PO Box 7921  
 Madison WI 53707-7921

Include these supporting documents:

- Signed W-9 form
- Completed Participant Report

Leave Blank – For DNR Use Only		
Date	<input type="checkbox"/> Process Payment	Budget Code
Signature		Vendor Code